

**COLORADO STATE PERSONNEL  
CONSOLIDATED APPEAL/DISPUTE FORM**

This consolidated form is provided for the convenience of employees who are filing appeals or disputes with either the State Personnel Board or State Personnel Director.

**NOTE:** Read the instructions before completing this form. Type or print (legibly) in ink. You may attach additional sheets if necessary. If you attach additional sheets to this form, note which numbered question the information on the additional sheets applies to. Pursuant to the Americans with Disabilities Act, copies of this form are available in alternate formats. Contact the State Personnel Board or Director to obtain these alternate formats. Mail, fax, or hand-deliver this form to the appropriate office as indicated below in Section 7.

**1. IDENTIFICATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (w) \_\_\_\_\_  
(h) \_\_\_\_\_

Representative on Appeal (if applicable):\*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**\*Does not apply to Performance Pay Disputes.**

**You must notify the Board or Director in writing if the above information changes before the appeal or dispute process is concluded.**

I am a **certified** state employee: ☐ Yes ☐ No

**2. THE PARTY WHOSE ACTION IS BEING APPEALED OR DISPUTED:**

Name: \_\_\_\_\_  
Department\*: \_\_\_\_\_  
Address: \_\_\_\_\_  
Describe actions taken to try to resolve dispute: \_\_\_\_\_

*\*Note: Department includes principal departments and higher education institutions.*

**3. SPECIFIC ACTIONS BEING APPEALED OR DISPUTED:**

**4. REASONS FOR APPEAL/DISPUTE:** The action taken was arbitrary, capricious, or contrary to rule or law because:

**5. RELIEF REQUESTED:**

**6. DATE OF RECEIPT OF NOTICE OF ACTION BEING APPEALED:**

(You must attach a copy of the written notice)

**7. TYPE OF APPEAL OR DISPUTE: Check only the box(es) that apply.**

**A. DIRECTOR**

NOTE: If you *only* check a box in this section (7.A.), mail, fax or hand-deliver this form, with attachments, to: Personnel Director, Appeals Section, 1313 Sherman Street, 1<sup>st</sup> Floor, Denver, Colorado 80203, fax 303-866-2021.

- ☐ **Examination Appeal**  
Class Title: \_\_\_\_\_ Date of Exam: \_\_\_\_\_
- ☐ **Downward Position Allocation Appeal** (allocation to a class in a lower pay grade.)  
Present Class Title: \_\_\_\_\_
- ☐ **Director's Review of a Performance Pay Dispute** (Attach copy of the original written internal dispute and department's decision, and submit within *5 days of department decision*.)  
☐ Application of department's performance pay program to individual plan or rating ☐ Full payment of award
- ☐ **Director's Review** (See Rule 8-101 and 8-102) (Describe, e.g., overtime, FMLA, removal of name from eligible list, rejection of an application.)
- ☐ **Director's Review of a matter involving the overall administration of the personnel system by an agency, which is not otherwise appealable** (See Rule 8-102A) (Describe)

**B. BOARD**

NOTE: If you check *any* portion of this section (7.B.), mail, or hand-deliver this form, with attachments, to: Colorado State Personnel Board, 633 17th Street, Suite 1320, Denver, Colorado 80202-3604, fax 303-866-5038.

- ☐ **Disciplinary Action** (Describe):
- ☐ **Final Grievance Decision** A form for initiation of a grievance is available on the website, and at the Board and the department's human resources office (note that if the grievance alleges discrimination, written notice must be sent to the Board within 10 days of the action). The final agency grievance decision violates the following (attach copy of final grievance decision):  
☐ Whistleblower (see box below for separate whistleblower form) ☐ Federal or state constitutional rights  
☐ Discrimination (check type of discrimination below) ☐ Grievance procedures (Board Rule 8-8 process or department process)
- ☐ **Whistleblower** (retaliation for disclosure of information). Board Rule 8-22 requires you to file a separate written Whistleblower complaint. A Whistleblower complaint form is available on the website, and at the Board and the department's human resource office.

☐ **Involuntary Separation – Based on:**

- ☐ Layoff (includes abolishment of position, retention rights, and reemployment) ☐ Constructive discharge  
☐ Administrative discharge for exhaustion of leave ☐ Other (describe): \_\_\_\_\_

☐ **Discrimination - Based on:**

- ☐ Disability ☐ Race/Creed/Color ☐ Sex  
☐ Age ☐ National Origin/Ancestry ☐ Religion  
☐ Other (describe): \_\_\_\_\_

☐ **Higher Education Decision to Exempt a Position from the state personnel system**

THIS FORM **MUST** BE SIGNED BY THE COMPLAINANT OR, IF APPLICABLE, THE COMPLAINANT'S REPRESENTATIVE. SIGNATURE BY THE COMPLAINANT'S REPRESENTATIVE CONSTITUTES AN ENTRY OF APPEARANCE FOR AN APPEAL. ALL DOCUMENTS AND CORRESPONDENCE WILL BE SENT TO THE PERSON SIGNING THIS FORM.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**CERTIFICATE OF DELIVERY:** YOU **MUST** HAND DELIVER OR MAIL A COPY OF YOUR APPEAL TO THE PARTY LISTED IN ITEM 2.

I certify that I have served a copy of this appeal on the respondent at the address specified in item 2 above, by  
(☐ first class mail ☐ hand delivery) this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature